puration, producing much irritation, loss of rest, and hectic symptoms.—*Lond. Med. and Surg. Journ. Dec. 15th*, 1832.

23. *Neuralgia.*—MM. Trousseau and Rullier recommend the cyanuret of potass, (gr. iv. to ℥j. of water,) as a local application in tic douloureux and neuralgia.—*Ibid.*

24. *Paralysis from Painter's Colic, affecting the Upper Extremities.*—In case of this description, Dr. Bright recommends cupping and blistering the nape of the neck. Dr. Graves has found, in one case, much benefit from this treatment.—*Ibid.*

25. *Enlarged Spleen.*—Dr. Percival has derived much benefit in enlarged spleen from a combination of gentian and iron.—*Ibid.*

SURGERY.

26. *On the Excision of Hæmorrhoidal Tumours.*—In our last No. p. 515, we gave an extract from a clinical lecture of Baron Dupuytren's on this subject. In a subsequent lecture the Baron offered some interesting remarks on the consequences of the excision of hæmorrhoidal tumours. These remarks are so important that notwithstanding their length we give them in full We take them from the report in our cotemporary, the *London Medical and Surgical Journal.*

Dr. Marx has inquired of me, observed M. Dupuytren, if we should not *always, and in every case, cauterize immediately after the operation*, rather than run the chance of internal hæmorrhage, which presents the serious dangers we have already explained. I agree with him, for it results from the recapitulation of a great number of hæmorrhoidal extirpations, which I have performed at the hospital, as well as in the city, that this consecutive internal hæmorrhage came on unexpectedly in two fifths of the cases of operations which have not been cauterized; never on the contrary, has it taken place in cases where the cautery has been used. The question then to be decided is, are not the inconveniences of cauterization preferable to the dangers to which the patient is exposed from hæmorrhage? Now it may be remarked to me, that no comparison can be made between them, that the inflammation and tumefaction which occur after cauterization, the irritation which extends to the rectum and urinary organs, generally yield to the simple treatment which I have before pointed out, and have never been followed by fatal effects; while on the contrary, internal hæmorrhage puts the patient's life into the most imminent danger. Let us suppose a case where some circumstance would not permit assistance to be given in time to the patient attacked by internal hæmorrhage, he will perish, and the operator will feel the greatest regret for not having prevented this accident by using cauterization. Finally, it may be said to me, that since this hæmorrhage occurs in a great majority of cases, and that it is impossible to know *a priori*, if the patient that is to be operated on may be one of the few who escape this accident, why not admit it as a principle that cauterization should always be used. I acknowledge that these considerations appeared to me to be just, and they will lead us without doubt to modify the treatment which we have used to this day in these cases. A treatment as certain in stopping hæmorrhage, is the introduction of a pig's bladder stuffed with charpie into the anus. Though it succeeded in the first operation of this kind that I performed, says M. Dupuytren, I perceived that it was very annoying to the patient, and that it was almost always expelled involuntarily by spontaneous efforts, which were induced by its presence. The other consequences of the excision of hæmorrhoidal tumours are much less dangerous and less unpleasant. There frequently appears a considerable tumefaction of the cellular and adipose tissue of the anus; the principal inconvenience

attending this tumefaction is the severe irritation of the rectum, in consequence of which the patient, during four or five days after the operation, feels it quite impossible to go to stool: but the aperient and the enema being again administered, strict regimen being observed, this want will be very much moderated, and will remove a constipation of some days, which would be otherwise annoying. This tumefaction may also cause a retention of urine, but we possess most efficacious means of removing this; as for the tumefaction, it yields quickly to the application of leeches, emollient fomentations, baths, &c. The pain attendant on excision is intense, but almost instantaneous, and this annoyance, which is inseparable from the slightest operation, should not be weighed against the pain and danger caused by the disease. After the operation the patient is liable to different affections, which ought to be the special objects of the surgeon's attention, and which it is in his power to prevent.

It must be acknowledged that persons affected with disorganized hæmorrhoids, are reduced to a state of profound anæmia, to asthenia, brought on by the abundance and frequency of hæmorrhages or sero-purulent discharges. These evacuations, to which the patient has for a long period been subject, cannot be suddenly stopped without causing a reäction in the whole system; a general state of *artificiel* plethora is induced, sanguine congestions take place in the lungs, liver, and brain, and affections of these organs may follow. The patient is often seized with syncope, spasms, giddiness, and falls into a state of alarming insensibility; the arteries pulsate with such violence that one would think that there was aneurismal diathesis, if these anormal pulsations were not changing every instant their seat and form; and it is a remarkable fact, that this plethora coïncides with a pale complexion, the skin generally yellow, or earthy coloured, especially the face, and with great weakness. Repeated bleeding for some time, and at short intervals, if the patient is young, vigorous and robust; and if the discharge from the anus has been sanguine, the introduction of a seton and of a cautery, if the discharges were of a purulent nature; these two remedies combined, if the case require them, gentle laxatives frequently administered. These are the most approved remedies, and this is the most rational prophylactic treatmen. we can make use of to prevent a plethora, the existence of which would lead to the most serious danger. When the excision of the external tumour is performed, the cicatrix which remains, either from constriction of the sphincter, or from the tension of the teguments and of the anus, is sufficient in the greater number of cases to oppose efficiently the protrusion of the internal tumour, and we can then dispense with having recourse to the excision of the latter. Beside, the second excision, like that of the external tumour, is generally without injury, and the patient is completely cured of the disease. Excision may sometimes be followed by contraction of the anus. J. L. Petit has reported a case where the contraction was such, that the pipe of a syringe could scarcely be introduced; and this accident can be prevented by introducing into the intestines large wicks, and by renewing them until the cure is perfect. Let us now apply the directions given by M. Dupuytren, his particular practice, and that of his hospital will furnish us with a number of cases. 1st observation.—A shoemaker, about thirty years of age, came some time since for advice for hæmorrhoidal tumours, which weakened him very much; his trade obliged him to sit continually bent; but he attributed his disease to a visit he made in Champagne, where he indulged in numerous excesses in the wine of that province. It was at that time in fact he first perceived that tumours had formed at the verge of the anus. They were at first small, very slightly painful, and only protruded when the patient went to stool: they afterwards increased considerably in size. These tumours, as in many other cases, presented two stages, one which may be called inert, during which time the hæmorrhoids did not discharge, or the discharge was a slight serous oozing, without any inflammatory symptoms; the other stage, designated hæmorrhoidal crisis, is perceived by swelling inflammation, severe darting pains, a considerable discharge of blood, afterward of sanguineous serosity. These crises returned more frequently, their

duration increased, the sufferings of the patient became more violent, and his health suffered great injury. When he came to the hospital he was weak, emaciated and yellow; he walked quite bent, and could not straighten himself. This position resulted from a considerable protrusion of the hæmorrhoids, which was at least as large as the fist of a child of seven or eight years old, and was composed of two tumours, one internal, the other external. The patient was besides affected with obstinate constipation, which is often the consequence of an irritation, which extends itself to the rectum, and of a retention of urine, a complication not less common than the preceding. M. Dupuytren recommended the administration of enemas, and the use of baths; by these means the retention of the urine was removed, but the fæcal matter remained. The swelling of the hæmorrhoids was much diminished, there was less redness, the patient suffered much less. There is no doubt that leeches, emollient fomentations, baths, enemas, rest, and proper drink, will not cure the actual crisis, but it is evident that such treatment will palliate it, and that accidents will reproduce this affection at an epoch more or less distant, according to the hygienic state of the patient.

We may be asked perhaps what inconvenience would result from the use of this palliative treatment at each return of the crisis? It is the treatment adopted by many physicians; it is also preferred by many patients who dread the operation. It sometimes happens that this temporary relief retards the return of the crises, and renders them more unusual; but more frequently they reappear, and the health of the patient visibly alters.

This motive, however allowable it may be, should not be put in comparison to the dreadful effects which the continuance of the disease would bring on: the tumours, external as well as internal, often become scirrhous; sometimes the latter, on its development, recedes up the rectum, to a height which we cannot attain, and the disorganization extends itself in the inside of the intestines. If to these disagreeable consequences you add the general state of the patient, who presents a severe affection of the system, you will think with me, says M. Dupuytren, that it is necessary to practise excision in the actual crisis. But again, do not think that in giving this opinion, I mean that the extirpation of the hæmorrhoids should always be practised: I have pointed out before in what circumstances they should be left to nature, and when they should be removed by cutting instruments. After these preliminary considerations, M. Dupuytren directed that the patient should be brought. He lay on the bed on his knees and elbows, his thighs separated, and with the scissors before mentioned, the professor excised the hæmorrhoidal tumours: after the excision the wound was not cauterized. Cauterization, though certain in its results, has something appalling to the spectators. I have seen you shudder more than once at the sight of the red iron, and at the cloud of smoke which rises from the cauterized part: you may judge what an impression such a preparation would produce on the friends and relations of the patient, who are not, like you, accustomed to such scenes.

Meanwhile, fearing that the hæmorrhage would supervene, we recommended to the surgeon of the ward to watch the patient with the greatest care, and to apply the cautery if the blood began to flow in the rectum. It was also to avoid this disastrous occurrence, that we make it a rule not to apply the dressings for some hours after the operation, because it is to be feared that the dressings would only hinder the blood from flowing out, and thus cause it to flow back into the superior intestines.

What we apprehended, continued M. Dupuytren, happened the next day, an internal hæmorrhage manifested itself: the pupil of the ward was not mistaken, from the symptoms we had so plainly pointed out: he had recourse to the means that have always succeeded with us. He gave him an enema, which brought away a great quantity of blood, a second enema brought a considerable clot: he then made the patient strain, first to expel any blood that might remain, and secondly, to cause relaxation of the sphincter, and exhibit the surface of the di-

vided arteries; then he applied to the bleeding parts two red hot iron instruments. The hæmorrhage did not reäppear, and from this period the patient no longer experienced colic pains, nor syncope.

The quantity of blood lost in this operation has been estimated to be three, four, and five pounds. It flows into the descending colon, also the transverse and ascending, and as far as the cœcum, but never beyond this. The patient, whose case we are describing, presented a complete assemblage of the symptoms of the disease, and the consequences of the operation. From the effects of cauterization he experienced a retention of urine, when it was necessary to use the catheter; after the evacuation of a great quantity of urine, he felt violent pain, which did not cease until the organ returned to its usual state. But the inflammation and swelling caused by cauterization are already diminished, the patient is going on well, and in about fifteen days he will be cured.

Finally, we know that persons affected with hæmorrhoids are subject to obstinate constipation; in this case it lasted for several days; excision as it often happens, had increased it. We have already remarked, that we should not induce stool until the inflammation and swelling have decreased or even disappeared; because before that time, the fæcal matter cannot be expelled without causing violent pain, augmenting the irritation, and tearing the parts. It was not until after this time that enemas and gentle aperients were administered. The sixth day after the operation, all these accidents were dissipated, he went with ease to stool, he had no pain, and wished to be discharged.

Second observation.—About fifteen years ago, a very wealthy banker, about forty-five years of age, of a bilious temperament, consulted the Baron Dupuytren for hæmorrhoids that were constantly in a state of hæmorrhage. These sanguineous discharges had reduced him to a state of great debility and anemia. Pale and debilitated, he visibly emaciated; he was unable to attend in his counting-house; to write a letter was very fatiguing, and almost impossible to him. M. Dupuytren, after examining him, recognised the existence of internal hæmorrhoids, and proposed excision, which was quickly agreed to. Some days after he proceeded in the following manner:—The patient having taken an enema and a hip bath, lay on the edge of the bed, the thighs separated; violent strainings protruded the hæmorrhoids, which were immediatey seized with a forceps with large blades and excised, not without much trouble; no external hæmorrhage manifested itself. M. Dupuytren did not leave the patient; at the end of a quarter of an hour he perceived him become pale, fall into a state of weakness more and more decided, the pulse became small and hard, a cold perspiration covered his body, he felt a sensation of heat in the abdomen, which was continually ascending. From these signs the professor could not doubt that internal hæmorrhage had ensued. He immediately recommended the patient to make expulsatory efforts, and a great quantity of scarcely coagulated blood was discharged; cold injections were useless, the hæmorrhage was not stopped: then a pig's bladder stuffed with *charpie* was introduced; this succeeded completely, but it was not without great difficulty that it could be kept in its place, involuntary expulsatory efforts tended incessantly to displace it, and actually did so several times. This hæmorrhage weakened the patient very much, and would undoubtedly have been fatal if it had not been arrested so promptly; in a short time the cure of the patient was completed.

Third observation.—The banker, whose case we have just considered, had a brother at Berlin, who had almost the same symptoms; this person heard of his brother's cure, and wrote to M. Dupuytren. After the report of a celebrated surgeon of Berlin who attended him, M. Dupuytren was quite convinced of the existence of similar internal hæmorrhoids, and recommended excision. But the accident that happened to the first brother had suggested to him a means of effectually stopping the hæmorrhage, and, consequently, obviating the greatest danger attendant on this operation. He gave written directions, and advised cauterization, with a *cauteric en haricot* if the hæmorrhage manifested itself. The surgeon at Berlin did not follow these directions; immediately after the

operation he quitted the patient. Not long after his departure, symptoms of internal hæmorrhage presented themselves; the patient became faint, pale and covered with cold perspiration. One of his younger brothers, who had been present at the first operation, discovered the cause of the malady, and sent after the surgeon immediately, without being able to find him: time was lost, and the danger was imminent: this young brother had the presence of mind to introduce the bladder, as he had seen it done, into the anus, and stuff it with lint and succeeded in stopping the hæmorrhage, but the loss of blood was so great that the patient was a long time before he recovered.

Fourth observation.—A broker, the father of a numerous family, suffered for some years from internal and external hæmorrhoids, by which he was more and more incommoded; he was in such a state as to be unable to walk more than sixty paces without stopping to lean against a stone stud, to gain a momentary relief from his sufferings. Finding that he was obliged to give up his business, and wishing at any price to preserve the power of providing for the wants of his children, he came to M. Dupuytren, who examined him, and perceived a double hæmorrhoidal tumour, being in every way two inches and a half in diameter; blood and pus were discharged frequently, and the scirrhous disorganization appeared very great. M. Dupuytren proposed excision to him. Some fatal cases which recently happened under other surgeons, having made great noise, and this man having heard of them, the proposal made him shudder. M. Dupuytren had great trouble to convince him that cauterization of the vessels was sufficient to obviate all fatal consequences. At length the patient consented to allow the operation; but he wished to go to the Hôtel-Dieu, as he would be better watched, and in order that at the first appearance the hæmorrhage might be combated. The excision was made, some of the vessels were cauterized, and on the twelfth day the patient was perfectly cured.

Fifth observation.—M. Ex—— a Scotchman, a cavalry officer in the service of the King of England, unmarried, about forty years of age, of a sanguine temperament, experienced, for more than three years, great sufferings, caused by internal hæmorrhoidal tumours, which protruded on the least attempt to go to stool. As the fatigues of his profession considerably augmented the annoyance, he came to Paris to consult M. Dupuytren. In compliance with his advice went into a *Maison de Santé*, where he was operated on by this celebrated surgeon, in the following manner:—The patient lay on his side, and made efforts as if at stool; the upper thigh was raised up by an assistant: the operator seized each tumour with a large indented forceps, and with a very sharp bent scissors, excised them successively. There were three tumours, not very voluminous, and as there was but a trifling effusion of blood, M. Dupuytren thought that cauterization might be dispensed with. An assistant was charged to remain with the patient, who was perfectly calm. About five hours after the excision, all the characteristic symptoms of hæmorrhage in the rectum were manifested: anxiety, rigors, inclination to vomit, cold perspiration, sinking of the pulse, convulsive contraction of the limbs, inexplicable agony, vertigo, syncope: these symptoms increasing the patient went to stool, and the expulsion of a considerable quantity of partly coagulated blood gave him visible relief. A cold enema was administered, as M. Dupuytren had directed in such cases: it was returned immediately, and replaced by another that was longer retained. Nevertheless, at the expiration of about an hour, the symptoms returned with increased intensity, they produced complete collapse. The patient requested a notary would be sent for, and hastened to arrange his affairs, preferring death, which he thought was inevitable, rather than submit to cauterization. Dr. Caillard and Dr. Marx took the responsibility on themselves; they endeavoured to tranquillize him; and it may readily be imagined that it was not easy to cauterize under these circumstances. With the aid of a *speculum*, the place from whence the blood flowed was easily found, and the effusion stopped by the application of a bent *cauterie en haricot*, heated to a white heat. The hæmorrhage ceased; the alarming symptoms were dissipated; the inflammation which results from the caute-

rization, and the dysuria that usually accompanies it, yielded very soon to the use of cataplasms, enemata and baths; a wick was kept in the rectum, and at the end of a few days the patient was perfectly cured.

Sixth observation.—Mr. Joseph Cur— of Polish origin, a singer at Amsterdam, forty-eight years of age, for several years suffered great pain in expelling the fæcal matter. This difficulty was caused by the presence of internal hæmorrhoids, which all together were about the size of a hen's egg. During the act of defecation they protruded, and caused a very painful strangulation, which was very difficult to reduce.

These tumours were not accompanied by habitual nor periodical discharges, only when the patient had a constipation; the hardened excrements, occasioned by their pressure, an erosion that gave rise to a slight discharge of blood. Forced by his profession to long standing, and to exertions of the voice that augmented his disease, and his sufferings, he resolved to travel to Paris, in hopes of being cured. M. Dupuytren made him go into a *Maison de Santé*, where, two days after, he was operated on. The patient lay in a convenient posture; the tumours, three in number, being protruded, were immediately excised. What is remarkable in this case, is, that notwithstanding the large volume of the tumours, the excision caused but a slight effusion of blood, and did not require the cautery. A year after his cure we had occasion to see this patient, when there was no failure in the success obtained with an astonishing promptitude. These observations we owe to the complaisance of Dr. Marx; we will, in conclusion, add one communicated by our benevolent colleague, Dr. Paillard.

Seventh observation.—A man, about forty-seven years of age, of low stature and sanguine temperament, came to the Hôtel-Dieu, to be treated for internal and external hæmorrhoids, with which he had been afflicted for fifteen years. These tumours were so painful that he could take very little exercise, or run for any distance, without causing protrusion of the internal hæmorrhoids, which became irritated immediately by the friction of the dress. Repeated inflammation caused a discharged, sometimes sanguine, sometimes purulent, sometimes both one and the other. The act of defecation was a continual torture to the unhappy patient. Should the fear of those accidents that may result from the excision induce us to leave the patient a prey to this disastrous infirmity? The frequent returns of inflammation of the hæmorrhoidal tubercles will bring on disorganization. Besides, it is almost certain that the sanguine and purulent discharges would undermine the patient's constitution, and the sufferings he would undergo would hasten this fatal termination. We did not hesitate; the operation was decided on, for the danger was not inevitable, whilst disorganization would produce certain death. The patient was prepared for the operation by every means likely to insure success. General bleeding was practised, in order to prevent the violence of the inflammation which usually follows the excision of hæmorrhoids. A blister was applied to the arm, to prevent the danger which sometimes follows the too sudden suppression of a natural discharge. The patient was kept on low diet, and the day before the operation the intestinal canal was emptied by an aperient. A tumour, composed of seven or eight tubercles, brownish on the outside, but of a brighter colour inside, encircled externally the verge of the rectum. When the patient was lying down, without making any effort, all the tubercles were grouped, so as to form a brownish rugged tumour, about the size of a large walnut. When, on the contrary, the patient contracted the abdominal muscles, or strained as if at stool, the external tumour opened and exposed a second circular hæmorrhoid, also composed of seven or eight tubercles, but of a different colour, for they were uniformly of a roseate colour, and covered in all their extent by the internal membrane of the rectum. After having pointed out these different circumstances, M. Dupuytren ordered the patient to lie down on his abdomen, and to make efforts as if at stool. This caused the protrusion of the internal hæmorrhoids, which were seized with a dissecting forceps, and each of the tubercles that composed it were excised. The same was done with the external tumour, and immediately

after a cautery, heated to a white heat, was applied to the bleeding parts of the wound; some hours after a small wick was introduced into the anus, and afterwards a cerate. He could retain them but a very short time. During the day he complained of transient colic pains, (diet, diluting drink, &c.) The next day the colic pains were more violent and more prolonged, the verge of the anus was tumefied and painful, the patient felt difficulty in voiding urine, feverish symptoms, (bled in the arm, diluting drink, &c.) The third, fourth, fifth and sixth days after the operation, the pains decreased, the urine was freely evacuated, and the feverish symptoms disappeared; the appetite returned, and he was allowed some aliments. The seventh day, as the patient had not been at stool from the day of the operation, an ounce of castor oil was administered to him, and some hours after the bowels were opened five or six stools occurred during the day, they were all accompanied by great pain at the anus, nevertheless, after each of them, the patient felt considerable relief. The following day he went freely and naturally to stool, the colic pains became less and less frequent, but the twelfth day they returned with violence, and were followed by diarrhœa, the cause of which was unknown, (mucilaginous drinks, &c.) The next day he was in the same state, (treacle one ounce.) The fourteenth day the diarrhœa ceased, and with it the colic pains, (rice gruel.) On the fifteenth day the patient was quite well. He was allowed a moderate portion of food, he was radically cured of the hæmorrhoids, and the anus remained free in whatever posture he placed himself; defecation caused no pain, and he quitted the hospital completely cured.

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27. *Prognosis and Treatment of Luxations of the Cervical Vertebræ.*—Dr. Serres relates in the *Journal Complémentaire des Sciences Medicales*, two cases of unilateral luxation of the cervical vertebræ, in which reduction was successfully and readily effected. The three principal symptoms of this luxation are stated by Dr. S. to be the impossibility of the patient's turning over his head to the side opposite to that of the luxation, the inclination of the head to the side where the luxation has occurred, and the position of the spinous apophyses of the luxated vertebra beyond the normal line of the spinous apophyses. That this luxation by itself is not dangerous, is proved by anatomy and experience. The efforts of the surgeon for its reduction are not to be so much feared as has been believed. The elongation of the spinal column by extension and counter-extension, cannot injure to any extent the spinal marrow, this elongation being participated in by all the articulations, and consequently it is very little for each one of them. In practice the increase of the inclination of the head in the direction of the luxation may be avoided.

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28. *Case of Luxation of the Lower End of the Ulna, with Remarks.*—An officer, aged thirty-two, of athletic form, was thrown from his horse, and his right arm got entangled and confined between the horse's head and the ground in such a manner as to receive a violent shock. He experienced acute pain, and imagined that his arm was broken. It proved, however, to be a dislocation at the wrist, and attempts were made by two surgeons to effect reduction, but without success; and he repaired to Paris to consult M. Dupuytren. When seen by this distinguished surgeon, which was thirty-four hours after the injury, the symptoms were as follows:—The forearm was swollen; the hand in a position intermediate between pronation and supination; the inferior part of the forearm was rounded, and consequently lessened in its larger diameter; an unusual projection raised the skin at the middle and anterior part of the wrist; on the inner side the internal malleolus could not be felt; behind, a hollow occupied the situation of bulging usually produced by the head of the cubitus: if this bone was traced with the fingers from the elbow to the hand, it would be perceived that it was directed obliquely forwards and outwards, crossing and passing above the lower part of the radius. The dislocation of the ulna forwards was therefore evident.